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ABSTRACT

This study describes preliminary research efforts to examine the validity and utility of three Spanish versions of the Child Behavior Checklist (CBCL), the most extensively used and researched rating scale of children's internalizing and externalizing emotions. The study involved: (1) identification of Spanish items that were significantly different in meaning from the English version; (2) rating by 15 bilingual individuals of the items they judged preferable from all three Spanish versions; and (3) preliminary investigation of CBCL profiles of children whose parents opted to use a Spanish version as compared to those whose parents used the English version. The first analysis indicated that a number of CBCL items required additional clarification and analysis. The rating of individual items on the original Toronto version and the modified Los Angeles and San Francisco versions found only 10 (of 48) items were equally acceptable across all three Spanish versions. Comparison of profiles of 10 Hispanic-American youth who completed the Toronto version with both Caucasian and Hispanic-American youth whose parents/caregivers completed the English version suggested that some differences in Hispanic-American parents' ratings were associated with the language used to solicit the ratings. Plans to develop a version comprising most preferred items are underway. (DB)

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¿Qué Dice? Initial Analyses Examining Three Spanish Translations of the CBCL

Introduction

At this time, the Child Behavior Checklist (CBCL; Achenbach, 1991) is the most extensively used and researched rating scale of children's internalizing and externalizing emotions in the United States and abroad (Furlong & Wood, in press). Although widely adopted, the "official" Spanish version of the CBCL translated in Toronto, Canada, has been subject to impromptu revisions as it is used by practitioners because they believe that some items are misunderstood by– or unclear to – Spanish-speaking parents. As a result, in California, at least, two "unofficial" and "unvalidated" Spanish versions have been developed, specifically in Los Angeles and San Francisco, presumably with the intention of more appropriately measuring Spanish-speaking caregivers' perceptions of their children's behaviors. This study describes preliminary research efforts to examine the validity and utility of these three Spanish versions of the CBCL (The "official" version translated in Toronto, and its Los Angeles and San Francisco modifications) with Latinos from diverse national and linguistic subgroups.

A search for research that used the Spanish version of the CBCL culminated in the identification of 40 studies. Only four of these 40 studies may be considered validation studies; only two were conducted in the United States with caregivers residing in Puerto Rico. Notably, eleven of the investigations with Hispanics living in the continental United States were applied research

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studies utilizing the Toronto Spanish CBCL without the benefit of supporting validity and/or epidemiological data.

Relative to the Toronto version of the Spanish CBCL, there is no published documentation of the translation procedures followed to produce it. The CBCL manual simply states that a Spanish version is available (Achenbach, 1991). The most accurate information concerning translation procedures was obtained directly from the instrument's author (T. Achenbach, personal communication, September, 1996). The procedures used to translate the Toronto version are detailed in Casas, Furlong, Alvarez, and Wood (1996).

As a result of the need for more validity and reliability information concerning the Spanish translation of the CBCL, this paper reports on the following three analyses: (a) the identification of Spanish items that were significantly different in meaning from the English version; (b) the rating by bilingual individuals of the items that they find to be most preferable from among the Toronto, Los Angeles, and San Francisco versions; and (c) a preliminary investigation of CBCL profiles of children whose parents opted to use the Toronto Spanish version as compared to those whose parents used the English version.

Methodology and Results

Setting

This project was conducted in Santa Barbara County, a coastal area of 390,000 that includes both small urban and rural communities. Approximately 86,000 children live in the county and are identified as 52% Caucasian, 40% Latino (specifically Mexican and Central American immigrants), 5% Asian/Pacific Islander, and 3% African-American (Damery, Furlong, Casas, & Corral, 1996).

Procedures and Results

Analysis 1: Identification of items that differ significantly from one another. Using the *Translation Equivalence Classification* model (Treviño, 1985), each item from the original Toronto Spanish translation of the CBCL was evaluated by two bilingual/bicultural psychologists whose first language was Spanish. Each of the Spanish items were compared to the English CBCL based on structural equivalence (i.e., grammatical consistency) and conceptual equivalence (i.e., semantic equivalence of terms). An item was classified as exact, similar, or significantly different from its parallel English item, as suggested by Treviño (1985). As shown in Figure 1, this analysis found that 48 Spanish CBCL items had structural and/or conceptual differences from their corresponding English versions. These items came from all syndrome subscales. This first analysis showed that the translations of a number of CBCL items required additional clarification and analysis, an outcome helping to understand why practitioners in Los Angeles and San Francisco modified the original Toronto translation.

Analysis 2: The identification of preferred Spanish items. The main purpose of this analysis was to have raters identify, from the pool of 48 items targeted for additional review, those which they found to be most preferable, if any. In this analysis,

raters were recruited to evaluate the translated items based on (a) expert level of bilingualism, Spanish-English; (b) being bicultural or having extensive experience working with Latino populations in California; and, (c) educational or occupational background in psychology or education. Relative to their work, the 15 raters were independently presented with the original English item followed by the Toronto translations and its Los Angeles and San Francisco modifications. The raters were asked to rate each translation in terms of global acceptability, as shown in the example in Figure 2, taking into account how equivalent in meaning the Spanish version was to the English. After compiling the ratings, a specific Spanish translation was deemed to be "acceptable" if a minimum of 10 of the 15 raters gave a preferability rating of 4 or 5 to the item and no more than 1 rater gave a rating of 1 or 2. Whenever the original Toronto item had these rating characteristics, it was considered to have an acceptable translation. Items from the Los Angeles and San Francisco versions were selected as the most acceptable if they met the above criteria and the Toronto version did not meet these criteria. As a result of this preference analysis the following outcome was found for the 48 items being reviewed:

1. Ten of the items considered to have potential structural and/or conceptual differences in analysis 1 were identical across all three Spanish versions. These items met the preferability criteria and therefore are considered to have no specific translation problems.
2. Of the remaining 38 items, the expert judges were about equally divided in their preference for the original Toronto translation (11), Los Angeles translation (13), and the San Francisco translation (11).
3. Three items failed to receive acceptable preference ratings regardless of the translation considered. (These specific items are shown in Figure 3.)

Analysis 3: Emerging profiles of children. To conduct this analysis, a sample of youths and parents was drawn from a federally sponsored multiagency system of care in Santa Barbara County. More specifically, 10 youths whose parent/caregiver(s) completed the Toronto version of the CBCL (Latino-Spanish) were examined for the following characteristics: gender, age, and referral gateway (i.e., probation, social service, mental health). Two additional groups composed of (a) Caucasian youths whose parent/caregiver completed the English version CBCL (White-English), and (b) Latino/a youths whose parent/caregiver completed the English version CBCL (Latino-English) were matched to the Latino-Spanish groups by gender, age, and referral gateway. All of the matched sample youths were of the same sex and referral gateway as the Spanish-completed group. Some slight adjustments were necessary

Figure 1
Percent of CBCL Items by Syndrome Scale Targeted for Review Using Treviño's 1985 Procedures

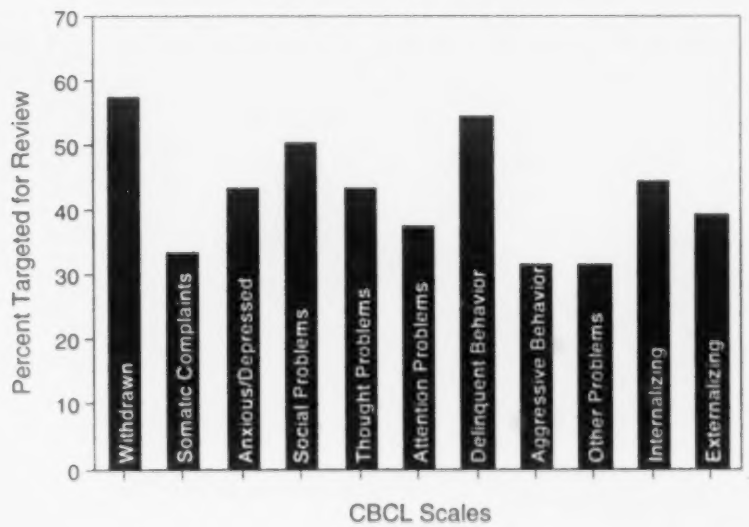

Figure 2
Example of Protocol Used to Solicit Experts' Preference for Translations from Toronto, Los Angeles, and San Francisco Versions

RATING SCALE TRANSLATION EQUIVALENCE STUDY

Directions: We are asking you to help evaluate the acceptability of Spanish translations of behavioral descriptors originally written in English. For each numbered item, you will find an English statement followed by three Spanish translations of that item. After reading the English item, please rate each translation in terms of equivalence of global "acceptability." In making your judgments, please consider how equivalent in meaning the Spanish version is to the English version. These items are used in research and clinical practice to ask parents to describe their child's behavior. Some Spanish translations are identical, so please use the same rating for those items.

Please rate the acceptability of each Spanish translation by circling one option on this five-point scale: 1 2 3 (4) 5

Unacceptable — Acceptable

English Item: 1	Acts too young for his/her age.	How acceptable is each translation?
TV	Actúa como un niño menor de su edad.***Nina?	1 2 3 4 5
VV	Actúa como si tuviera menos años de edad.	1 2 3 4 5
SF	Se porta (or se comporta) como si fuera menor de su edad	1 2 3 4 5

English Item: 5	Behaves like opposite sex.	How acceptable is each translation?
TV	Se comporta como si fuera del sexo opuesto.	1 2 3 4 5
VV	Se comporta como si fuera del sexo opuesto.	1 2 3 4 5
SF	Se comporta como si fuera del sexo opuesto.	1 2 3 4 5

English Item: 6	Bowel movements outside toilet.	How acceptable is each translation?
TV	Se hace pupu o caca fuera del baño.	1 2 3 4 5
VV	Se hace pupu o caca fuera del baño.	1 2 3 4 5
SF	Se hace caca fuera del baño.	1 2 3 4 5

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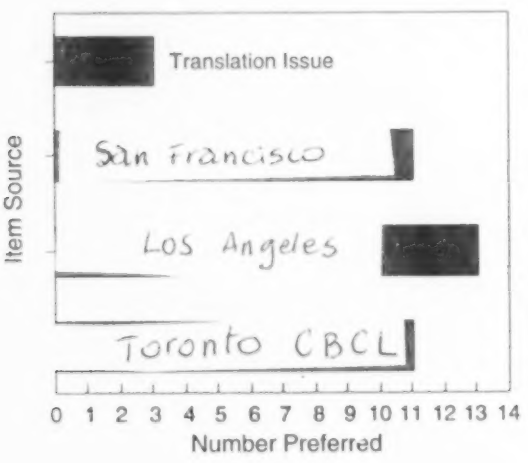
with the age variable. When a youth of the same age could not be found in the database, a broader search encompassing an age one year below and above the target age was completed. The age search was broadened in this manner until one or more matches could be identified. When more than one match was identified, a match was selected randomly from the possible cases.

Each of the three groups were finally composed of the following: (a) gender: 2 females, 8 males; (b) referral gateway: 3 public health, 4 probation, 2 mental health, 1 child protective services; and (c) mean age: Latino-Spanish and White-English groups (13.7 years), Latino-English group (14.5 years).

Comparison of the Latino-Spanish, Latino-English, and White-English groups identified a few differences across groups on the syndrome subscales. In particular, the CBCL Thought Problems Syndrome Scale mean score was highest for Latino Spanish-CBCL (M= 4.6, SD=3.0), lowest for Latino-English (M=1.2, SD=1.8), and intermediate for White-English (M=2.4, SD=2.6; F 2, 27=4.66, $p<$ .02). This analysis suggests that some differences in Latino parents' rating of their children's behavior and emotional status may be associated with the language used to solicit those ratings.

Figure 3
Number of Spanish CBCL Items Rated Most Preferable by Experts for Toronto, Los Angeles, and San Francisco Versions



Discussion

Working with the growing number of children who are from diverse racial/ethnic minority cultures, and who may also have limited proficiency in English (U.S. Bureau of the Census, 1992), is a great challenge for professionals who assess, diagnose and develop individual and family interventions for such children. Addressing this challenge, this study has directed attention to the need to establish the cultural and linguistic validity and utility of all assessment instruments even those, like the Child Behavior Checklist (Achenbach, 1993), that have been universally accepted and used over time. An important lesson learned from these initial analyses is that existing translations of standardized scales, such as the CBCL, may not be universally appropriate, and that ad hoc translations do not necessarily result in more acceptable items. As part of the next steps in the examination of these three versions of the CBCL being used in California, the authors plan to combine preferred Spanish items across the three versions into an omnibus California Spanish version. Additional back-to-back translation analysis will precede studies to gather normative data for the Spanish version and to validate its application with clinical samples of Latino youths. These activities are more than academic exercises because recently the California Department of Mental Health adopted the CBCL for use by county mental health program throughout the state.

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